



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
04 Broadwater		0055 Townsend K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	CJ	107.2	1.57	71	08/16/05	_____	_____
100	1	DC	54	1.57	71	08/16/05	_____	_____
100	1	R	98	1.57	71	08/22/05	_____	_____
100	1	T	77.2	1.57	71	08/22/05	_____	_____
100	1	TO	2.5	0.95	14	08/24/05	_____	_____
100	1	W	91.6	1.57	71	08/16/05	_____	_____